

## 2020 Iowa Board of Respiratory Care & Polysomnography License Renewal

	<b>Step One - Please write clearly and legibly</b>
License Number	
Last Name, First Name	
Mailing Address	
City, State, Zip Code	
E-mail address	
	<i><b>Your email address is important! Renewal notifications will be emailed to the email address on file with the board at 60, 50, 40 and 30 days prior to the license expiration date.</b></i>
Primary Phone	

**Step Two** - Check the license(s) are you renewing. Enter each license number.

License Practice Discipline	License #	Renewal fee (no late fee due to COVID-19)
<input type="checkbox"/> Respiratory Care Practitioner		\$75.00
<input type="checkbox"/> Polysomnographic Technologist		\$330.00
<input type="checkbox"/> RC-Poly Dual License		\$90.00

- Check or money order must be payable to the Iowa Board of Respiratory Care and Polysomnography.
- Allow four weeks to process the paper renewal. Once approved, new licensure cards will be mailed to you.

**The Iowa Board of Respiratory Care and Polysomnography Guidance Related to Governor Reynold's Proclamations & COVID-19 states:**

Sections 5 and 6 pertain to continuing education and license renewal. Due to continuing education course cancellations, the Board is waiving all requirements for continuing education for this license renewal. You are encouraged to take any continuing education necessary to remain competent to practice in your profession. You are not required to renew your license for the duration of the Proclamation. You will have 60 days after the Proclamation expires to renew your license without penalty.

**Step Three** - The following five judgment questions **must** be answered. If you answer "Yes" to any question below, (1) attach a signed letter of explanation providing the details of the incident, (2) attach a copy of any court ordered evaluations, showing completion and recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition and/or settlement. You must answer "Yes" even when a conviction or judgment has been deferred or expunged from your record. **Since your last renewal have you:**

<b>Yes</b>	<b>No</b>	Been convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime (other than minor traffic violations with fines under \$500)? If you have already reported this incident to the licensing board you do not need to report it again.
<b>Yes</b>	<b>No</b>	Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim filed against you? If you have already reported this incident to the licensing board you do not need to report it again.
<b>Yes</b>	<b>No</b>	Been investigated by a licensing, registration, or certification authority or organization? If the investigation or action was instituted by this licensing board you may answer "NO" to this question.
<b>Yes</b>	<b>No</b>	Been disciplined or sanctioned by any other licensing, registration, or certification authority or organization related to your professional practice? If this licensing board took the disciplinary action, you may answer "NO" to this question.
<b>Yes</b>	<b>No</b>	Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are currently a participant in the Impaired Practitioner Program, you may answer "NO" to this question.)

***Continue on side two***

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### **Step Six** - Certification/Attestation Statement

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my license may be subject to disciplinary action and criminal prosecution.

I also understand that this application is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law. In submitting this application, I consent to any reasonable inquiry, including a continuing education audit that may be necessary to verify the information I have provided on, or in conjunction with, this application.

I attest that I do not have a medical condition which impairs or limits my ability to practice my profession with reasonable skill and safety and understand that I must notify the Board should such a condition arise which impairs or limits my ability to practice my profession with reasonable skill and safety.

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Licensee sign here

Date